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SEP 2 7 2007

HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400

Fort Collins, Colorado 80527-2400

Inventor(s): Randolph B. Haagens et al. Application No.: 10/785,500 /

Filing Date: February 23, 2004 PATENT APPLICATION

ATTORNEY DOCKET NO. 200311648-1

Confirmation No.: 9871

Examiner: Schell, Joseph O

Group Art Unit: 2114

Title: COMMAND MANAGEMENT USING TASK ATTRIBUTES

Transmitted herewith is/are the following in the above-identified application:

Mail Stop Amendment Commissioner For Patents PO Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Response/Amendment New fee as calculated below No additional fee Other											
	CLAIMS AS	AMENDE	D BY O	THER T	HAN A	SMA	LL E	NTITY			
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR			(5) PRESENT EXTRA		(6) RATE		(7) ADDITIONAL FEES	
TOTAL CLAIMS	25	MINUS	30			=	0	x	\$50	\$	0
INDEP. '	8	MINUS	9			=	٥	х	\$200	\$	0
	FIRST PRESENTATION	ON OF A MU	JLTIPLE (DEPENE	ENT C	LAIM		+	\$360	5	0
EXTENSION FEE	1st Month \$120			3rd Month \$1020			, 🗀		4lh Month \$1590		120
								OTHE	RFEES	\$	
	(1	OTAL AD	MOITIDE	AL FEE	FOR	THIS	AMEN	DMENT	5	120

Charge \$ 120 to exacted credit card payment term. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuent to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees

X A duplicate copy of this transmittel letter is enclosed

I hereby certify that this paper is being transmitted to the Patent and Trademark Office faceimile number (571) 273-8300.

Date of facsimile: 09/27/2007

Typed Name

Respectfully submitted

Randolph B. Haagens et a

Ken J. Koestner

Attorney/Agent for Applicant(s) 33004

Reg No.:

09/27/2007 Telephone: (949) 251-0250

Ray 10/06a/TransAmtFaxt

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TOTAL CLAIMS	25	MINUS		=	0	×	\$50	\$	0		
INDEP. CLAIMS	8	MINUS	9		=	0	x	\$200	5	0	
	FIRST PRESENTATION	ON OF A MU	JLTIPLE	DEPENDENT C	LAIM		+	\$360	\$	0	
EXTENSION FEE	1 st Month \$120	2nd \$45	Month O	3rd Mont \$1020	th		4th Month \$1590		\$	120	
							OTHE	R FEES	5		
		7	TOTAL AD	DITIONAL FEE	FOR	THIS	AMEN	DMENT	\$	120	

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facsimile number (571) 273-8300. Date of facsimile 09/27/2007

Typed Name: Joy C Ngo

Rev 10/08a(TransArtdFax)

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